Nurses' Attitudes towards Incarcerated Women: A Scoping Review

By
Elizabeth A. Finnessy

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School of Nursing
University of North Carolina at Chapel Hill

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Approved:

SeonAe Yeo, PhD, RNC,
FAAN, Thesis Advisor

Abstract

The general lack of standardized, gender-specific data collection for incarcerated individuals in the United States makes it difficult for researchers, policymakers, and criminal justice reform advocates to identify the unique challenges that incarcerated women face. For instance, there is limited amount of data that explore how nurses' perceptions of incarcerated women might influence the care they provide to incarcerated individuals. The following scoping review and textual analysis employ the PRISMA extension for Scoping Reviews (PRISMA-ScR) methodological approach to map and interpret the available literature on nurses' attitudes towards incarcerated women in high-income countries. In this study, the term 'attitude' captures feelings and opinions held by nurses and the behaviors linked to those opinions. PubMed, CINAHL, Web of Science, and Embase were used to identify papers published before January 4, 2021, related to the study topic. Of the full-text studies included in the study after screening with appropriate criteria, three addressed nurses' attitudes about the dual identity of being both incarcerated and a woman. The remaining seven studies presented data on the attitudes of health care workers towards incarcerated individuals; however, they did not address incarcerated women specifically. The included studies indicate that deconstructing negative preconceptions of incarcerated individuals results in an increased ability of nurses to empathize with their incarcerated patients, suggesting an improved delivery of patient-centered care.

Keywords: Incarcerated Women, Nurse Attitudes, Scoping Review

Nurses' Attitudes towards Incarcerated Women: A Scoping Review

In the United States, health care for incarcerated individuals is "constitutionally mandated." Because of this, incarceration provides a unique opportunity for some disadvantaged individuals to receive health care that they otherwise would not have had access to. However, it has been well documented that the health care provided to incarcerated individuals "lags far behind the standard of care in the community" (Cloud, Parsons, & Delany-Brumsey, 2014). This suboptimal care, compounded with common negative environmental characteristics of correctional facilities like "overcrowding, violence, poor nutrition, unsanitary conditions, and solitary confinement," contributes to significantly higher rates of infectious and chronic diseases among the incarcerated population (Cloud, Parsons, & Delany-Brumsey, 2014). It is also well known that a history of imprisonment can have "powerful effects on health" after release, "especially if [imprisonment] instills stigma" (Schnittker & John, 2007). Given this information, there is ample opportunity to reform the prison system to provide better health care to incarcerated individuals.

This review will focus on a subpopulation of those that are incarcerated- incarcerated women- and explore ways in which stigma held by nurses may influence the care they receive. As a vulnerable population, incarcerated women are subject to heavy stigma from other members of society, including health care workers. Such stigmatization is concerning because of its potential to alter direct patient care at the nursing level. DeLucia, Ott, and Palmieri make the assertion that "patient outcomes are affected by nursing care quality" given that "nurses spend more time with patients than do any other health care providers" (2009).

The quality and safety of nursing care are affected by the attitudes a nurse has towards their client. This phenomenon can be explained by the attitude-to-behavior-process Model, which stipulates that behavior is a composite of an individual's knowledge and attitudes formed through lived experience (Fazio, Powell, & Williams, 1989). Because nurses typically spend more one-on-one time with patients than any other health care provider in the hospital setting, nurse behavior, including non-verbal behavior, has a large impact on patient wellbeing and therapeutic outcomes (Ambady, Koo, Rosenthal, & Winograd, 2002). Understanding how nurse attitudes contribute to therapeutic and non-therapeutic behavior towards incarcerated patients will illuminate where improvements can be made within the care delivery system.

Given the sparse amount of data on health care challenges unique to incarcerated women in the United States and how nurse attitudes may affect health care behaviors, the aim of this scoping review and textual analysis is to map and interpret the available literature on nurses' attitudes towards incarcerated women in high-income countries. To do this, we will attempt to answer the following research questions:

1. What are nurses' attitudes towards incarcerated women?
2. How do nurses' attitudes impact their behavior?

Methods

The PRISMA Extension for Scoping Reviews (PRISMA-ScR): Checklist and Explanation was used to guide this study (Tricco et al., 2018). The search strategy was created in collaboration with expert librarian Jamie Conklin. PubMed, CINAHL, Web of Science, and Embase were searched for potentially relevant papers published before January 4, 2021, by using the following search phrase: "(inmate or inmates or incarcerat* or prisoners OR prisoner OR

prisons OR prison OR imprison OR imprisoned OR imprisonment OR imprisonments) AND (prejudice or implicit bias or unconscious bias or stereotype or racial bias or discrimination) AND (nurse or nurses or nursing or nursing staff or registered nurse)." All sources identified with this search strategy were then uploaded to Covidence for further review.

After removal of duplicates, articles published before January 4, 2021, were deemed eligible based on the following inclusion criteria: geographic location of the study (high-income countries), outlooks of interest (perspectives of either nurses or incarcerated adult women), and appropriate topic (attitudes towards incarcerated individuals). Articles were excluded based on language (studies not available in English), topic (studies that did not address healthcare workers), and study population (studies specific to the male incarceration experience). The PRISMA flow chart is presented in Figure 2.

To ensure selection validity, two screeners reviewed the titles and abstracts of the included articles against the previously stated inclusion criteria. The screeners had the option to select 'Yes,' 'Maybe,' or 'No.' If both screeners chose 'Yes,' or if one screener chose 'Yes' and the other chose 'Maybe,' Covidence included the study for full-text screening. If both screeners chose 'No,' the study was marked as an irrelevant reference. If one screener chose 'No,' and another chose 'Maybe' or 'Yes,' then the study was added to a separate tab to 'Resolve Conflicts.' The screeners discussed and resolved disagreements about conflicting decisions. Full-text screening required one screener to review the entire texts included from the title and abstract screening. The reviewer then excluded studies that either met the exclusion criteria or did not meet the initial inclusion criteria. The remaining studies were included for data extraction and synthesis.

During the screening process, emerging concepts of humanization and Othering were noted and added as criteria for data collection in addition to nurse attitudes. One reviewer independently read the texts to extract data relating to each of these concepts. Data was collected on the title, author(s), year of publication, setting, study type, sample size, and purpose.

In order to synthesize the content of these works and visualize their connections, Cauzality™, an online collaborative tool to create knowledge maps, was used to map the relationships between key concepts found throughout the literature (Figure 1). By doing so, it became evident that there is a positive feedback loop between nurses' lack of exposure to incarcerated individuals and negative stereotyping towards incarcerated individuals. We identified two concepts from the 10 studies included in our scoping review: othering and humanization. The conceptual map created with Cauzality™ is presented in Figure 1. By doing so, a pattern emerged in which a lack of exposure to incarcerated individuals fuels negative stereotyping.

Results

From the initial database search, we identified 188 studies for consideration (PubMed (n=69), CINAHL (n=41), Web of Science (n=21), and Embase (n=57)). After removing 67 duplicate studies and excluding 95 studies that did not meet title and abstract inclusion criteria, 25 studies were eligible for full-text review. Ten of the 25 studies read in full qualified for data extraction and synthesis based on our inclusion and exclusion criteria.

All ten studies addressed some aspect about nurses' attitudes towards incarcerated individuals, such as preconceptions, stereotypes, stigma, bias, and attitudes after study interventions. Only three of these ten studies focused on nurse attitudes towards individuals who

are both incarcerated and women (Frank, Wang, Nunez-Smith, & Comfort, 2012; Marlow et al., 2015; Raikes & Balen, 2016). The attitudes under consideration in these studies were those of nursing students (n=4) (Hunt, Booth, & Hunt, 2020; Lucy, 2012; Marlow et al., 2015; Raikes & Balen, 2016), nurses within corrections facilities (n = 3) (Carroll, 1995; Holmes & Federman, 2003; Peternelj-Taylor, 2004), and health care workers outside of correctional facilities (n = 3) (Frank, Wang, Nunez-Smith, & Comfort, 2012; Redmond, Aminawung, Morse, Shavit, & Wang, 2017; Vanjani, 2017). Of the concepts that emerged, seven discuss othering behaviors (Frank, Wang, Nunez-Smith, & Comfort, 2012; Holmes & Federman, 2003; Lucy, 2012; Peternelj-Taylor, 2004; Raikes & Balen, 2016; Redmond, Aminawung, Morse, Shavit, & Wang, 2017; Vanjani, 2017), and six described humanization (Hunt, Booth, & Hunt, 2020; Lucy, 2012; Marlow et al., 2015; Peternelj-Taylor, 2004; Raikes & Balen, 2016; Vanjani, 2017). The data extraction table is available in appendix Table 2.

Studies selected were published between 1995 and 2020. The studies identified came from Canada (n = 2) (Holmes & Federman, 2003; Peternelj-Taylor, 2004), the United Kingdom (n = 4) (Carroll, 1995; Hunt, Booth, & Hunt, 2020; Lucy, 2012; Raikes & Balen, 2016), and the United States (n = 4) (Frank, Wang, Nunez-Smith, & Comfort, 2012; Marlow et al., 2015; Redmond, Aminawung, Morse, Shavit, & Wang, 2017; Vanjani, 2017). The majority of the studies were qualitative (70%, n = 7) (Holmes & Federman, 2003; Hunt, Booth, & Hunt, 2020; Lucy, 2012; Marlow et al., 2015; Peternelj-Taylor, 2004; Raikes & Balen, 2016; Vanjani, 2017), and the remaining studies were quantitative (20%, n = 2) (Frank, Wang, Nunez-Smith, & Comfort, 2012; Redmond, Aminawung, Morse, Shavit, & Wang, 2017) or mixed methods (10%, n=1) (Carroll, 1995). Of the qualitative studies, perspective (n = 3) (Lucy, 2012; Peternelj-Taylor, 2004; Vanjani, 2017), phenomenological (n = 3) (Hunt, Booth, & Hunt, 2020; Marlow

et al., 2015; Raikes & Balen, 2016), and grounded theory (n = 1) (Holmes & Federman, 2003) studies were identified. The quantitative studies included correlational studies (n = 2) (Frank, Wang, Nunez-Smith, & Comfort, 2012; Redmond, Aminawung, Morse, Shavit, & Wang, 2017), and the mixed methods study was a clinical report (n = 1) (Carroll, 1995).

Negative attitudes

The Cambridge Dictionary defines attitude as "a feeling or opinion about something or someone" (2021). For the purposes of this review, the term 'negative attitude' refers to conceptions and feelings about incarcerated individuals that are unpleasant or offensive. Stereotypes, stigma, and prejudice about incarcerated individuals fall into this category. Among the studies included in this review, there is an ostensible link between stigmatized generalizations about those who are incarcerated and negative attitudes held by nurses and nursing students which impacts how they conceptualize incarcerated individuals. The intersectionality of the incarcerated woman's identities as an incarcerated individual and a woman has the potential to exacerbate negative attitudes. This idea is supported by Raikes and Balen, who claim that incarcerated women face a higher level of stigma compared to their male counterparts simply because they are women (2016). To support their claim, they argue that by being both a prisoner and a woman at the same time, incarcerated women are "[engaging] in behavior that breaks the stereotype of how women are expected to behave" (Raikes & Balen, 2016). By running counter to the socially acceptable narrative for femininity, incarcerated women are more likely to elicit negative attitudes.

Stereotypes, which are "set ideas that people have about what someone or something is like," have the potential to be harmful when they influence health care (The Cambridge

Dictionary, 2021). For instance, when "characteristics commonly attributed to prisoners, such as 'lying,' 'dangerous,' 'monstrous,' and 'manipulative' are superimposed on the nurses' common theoretical representation that a patient is a person to whom care is provided," the care that correctional nurses provide can be tainted by negative attitudes (Holmes & Federman 2003). Raikes and Balen argue that the negative stereotyping of incarcerated women occurs mainly because "professionals have little knowledge of the issues faced by prisoners and their families" (2016). Without any firsthand knowledge of the prisoner's personal experience, nurses rely on the media and word-of-mouth to inform their attitudes towards prisoners. Holmes & Federman state that new correctional nurses "arrive with their premature conceptions, and their imagination, which stems from a range of factors (including media, movies, and stories)" (2003).

The reliance of nurses on media informed stereotypes to form conceptions about incarcerated individuals is dangerous because "this population is frequently deemed as *valueless* by the rest of society" (Peternelj-Taylor, 2004). Such a notion is fundamentally at odds with the purpose and mission of nursing. Therefore, "the crux of the problem is the belief that inmates are different from the rest of us – that they are, and should be, second-class citizens." (Vanjani, 2017).

Othering

In this review, 'Othering' is defined as "treating people from another group as essentially different from and generally inferior to the group you belong to" (Macmillian Dictionary, 2017). According to Peternelj-Taylor, "othering [of incarcerated individuals] is revealed in nurses' charting and documentation in patients' medical records through implicit preconceptions,

assumptions, and stereotypes" (2004). Othering is a result of negative attitudes towards incarcerated individuals and is "revealed only within a relationship of power," resulting in an even greater power divide between health care providers and their patient, resulting in "alienation, marginalization, stigmatization, oppression, internalized oppression, and decreased social and political opportunities" (Peternelj-Taylor, 2004). To explain why the process of Othering is common in correctional nursing, Holmes & Federman argue that correctional nurses rely on Othering as a defense mechanism against the "emotionally taxing" and "conflicting" practice of caring for incarcerated individuals (2003). To be at ease, the nurse may "overlook the human side" of people who are incarcerated (Holmes & Federman, 2003). Peternelj-Taylor makes the following assertion about the risks of Othering:

> "From a health-care perspective, these consequences [of Othering] impede the development and maintenance of therapeutic relationships and ultimately affect every aspect of health care, including health promotion, health maintenance, and health restoration (Canales; Evans, 2000). … [Othering] may result in care that is not individualized, that is less than optimally supportive, or that does not take the patient or client's psychosocial needs into account (Corley & Goren, 1998). It may also result in care providers being "under involved" (Peternelj-Taylor, 2002) or may lead to misrepresentations of individuals through oppression (MacCallum, 2002). When the forces of othering are at play, nurses are less likely to explore concerns that have been raised or to take the time to conduct the thorough assessments that are necessary before appropriate interventions can be administered (Blair, 2000)" (2004).

Humanization

Humanization refers to the process of recognizing "that someone has the qualities, weaknesses, etc. that are typical of a human" (The Cambridge Dictionary, 2021). Thoughts and behaviors of humanization include compassion, affirmation, empathy, respect, and collaboration, among others. While not addressed specifically in the studies, these thoughts and behaviors were mentioned frequently as methods of assuaging negative attitudes that nurses harbor towards

incarcerated individuals. Peternelj-Taylor states that "ethical care [is] achieved through a process of identifying with the women relationally," alluding to the importance of getting to know and understand patients (2004).

The implications of humanization extend to clinical practice. As a result of interacting with incarcerated individuals, nursing students recognized that people who are incarcerated have their own unique needs and values, a critical first step in being able to provide patient-centered care. One study remarked: "Although the students acknowledged the panelists' criminal pasts, they also understood that the panelists were whole persons, with varied needs, concerns, and experiences" as well as having "a full range of life experiences, both different and similar to their own" (Marlow et al., 2015). Further, all three phenomenological studies had similar findings in which "respectful communication and listening" are the keys to building "understanding and compassion" between nursing students and incarcerated individuals (Hunt, Booth, & Hunt, 2020; Raikes & Balen, 2016).

The act of humanization in health care empowers both the provider, who becomes more competent in the delivery of care, as well as the patient, who feels important and respected. A prior prisoner was able to describe their experience of being humanized by others. She articulated that while she once felt "shame, denial, and stigma" about having been incarcerated, the opportunity to speak openly with future healthcare providers without being judged or chastised gave her a sense of purpose, confidence, and importance (Marlow et al., 2015). Empowering the incarcerated population is significant, especially in academic settings, because those who are incarcerated have "not received much prior appreciation for their insight and wisdom about their own experiences" (Marlow et al., 2015)

Discussion

In our review, we identified negative attitudes, Othering and humanization as concepts central to the relationship between nurses' attitudes and their interactions with incarcerated individuals. The link between attitude and behavior, which is moderated by humanization and Othering, can be explained by the attitude-to-behavior-process (Fazio, Powell, & Williams, 1989). In this process, one's lived experience exerts influence on attitudes and knowledge, which combine to dictate behavior. When nurses lack first-hand knowledge about those who are incarcerated, they rely on stereotypes, or the culturally held beliefs about a specific population. Stereotypes about incarcerated individuals are often demeaning, and so when nurses relate to incarcerated individuals by "absorbing negative cultural stereotypes," they risk engaging in Othering behavior (Raikes & Balen, 2016). Incarcerated women are considered by some to be more susceptible to unfavorable attitudes compared to their male counterparts because the behavior that leads to incarceration often "breaks the stereotype of how women are expected to behave" (Raikes & Balen, 2016). Due to the intersecting vulnerabilities of incarceration and womanhood, incarcerated women have a higher risk of being 'othered' by nurses when receiving care.

By engaging in thoughtful interactions with incarcerated women, nurses have an opportunity to dispel negative conceptions they may harbor towards incarcerated individuals. Four studies in this review revealed that "respectful communication and listening to one another's point of view" can "[increase] empathy for marginalised groups," which "[results] in more positive attitudes towards caring for prisoners" (Hunt, Booth, & Hunt, 2020; Lucy, 2012; Marlow et al., 2015; Raikes & Balen, 2016). In other words, first-hand knowledge about incarcerated individuals, allows nurses to view incarcerated women as "whole persons, with

varied needs, concerns, and experiences" (Marlow et al., 2015). Thus, it is through deliberate and respectful communication that nurses can humanize with stigmatized individuals.

When caring for incarcerated women, the nurse should be motivated to provide personalized patient-centered care. However, negative conceptions feed into a process of Othering that allows nurses to mentally distance themselves from their incarcerated patients to be at ease (Holmes, & Federman 2003). Consequently, the nurse may provide "care that is not individualized, that is less than optimally supportive, or that does not take the patient or client's psychosocial needs into account," in addition to being " less likely to explore concerns that have been raised or to take the time to conduct the thorough assessments that are necessary before appropriate interventions can be administered" (Peternelj-Taylor, 2004). Given that this population is generally subject to several factors that contribute to poor health, they especially stand to benefit from positive and trusting relationships with their health care providers. Understanding how nurse attitudes contribute to therapeutic and non-therapeutic behavior towards incarcerated patients illuminates where improvements can be made within the healthcare system.

Patient-centered care is "based on deep respect for patients as unique living beings," and cannot exist without humanization (Epstein & Street, 2011). Providing care that is "respectful of, and responsive to, individual patient preferences, needs and values," requires the nurse to appreciate a patient's individuality as well as engage in polite and therapeutic conversation to "[ensure] that [the patient's] values guide all clinical decisions" (Baker, 2001). By actively engaging in their own care, patients are empowered and are more likely to report feeling understood and motivated to engage in self-care (Epstein & Street, 2011).

This scoping review and textual analysis synthesizes the main themes among multiple studies and adds to the limited availability of information in the health sciences about incarcerated women. The guidance of an expert librarian in creating the search phrase, as well as the use of four databases adds to the breadth and quality of articles that were identified. Although the search phrase was very broad to gather a large amount of relevant studies, many studies may have been missed. Additionally, articles were not excluded based on when they were published, so not all included studies are recent. Only one reviewer completed full text screening and data analysis, so there was no discussion about the interpretation of the data.

Conclusion

This scoping review and textual analysis examines nurse attitudes towards incarcerated women and explores how these attitudes manifest in specific behaviors of Othering and humanization. As evidenced by the small number of studies that met the criteria for this review, there is limited focused research in the health and nursing sciences on incarcerated women. Moreover, few studies have examined the relationship of the nurse and the incarcerated woman outside of the correctional or psychiatric setting. Per the data, nurses rely on stereotypes of incarcerated women to fill in the gap in their knowledge caused by a lack of prior meaningful interaction with incarcerated populations. However, because of the demeaning nature of the stereotypes projected onto the incarcerated population, othering behavior manifests. Counteracting the dehumanizing behavior of Othering is the process of humanization, which requires a nurse to appreciate that an incarcerated woman is a person worthy of compassion, affirmation, empathy, and respect. It may be advisable to dissuade nurses from looking up charges against incarcerated individuals and making presumptions about them. Instead, it is encouraged to speak with the incarcerated patient, acknowledge their humanity, and provide

patient-centered care. By humanizing their incarcerated patients, nurses may provide better quality care that is safer and more patient-centered. Future studies and reviews should seek to further explore and quantify the clinical benefit of interventions that target negative attitudes nurses hold towards incarcerated individuals.

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Tables

Table 1- *Included Studies*

Title	Author(s)	Year	Setting	Study Type	Sample Size	Purpose
Attitude of prison nurse officers to drug misusers	Carroll, J	1995	United Kingdom	Clinical Report	52	To look at attitudes of prison nurse officers towards IV drug misusers.
Constructing monsters: correctional discourse and nursing practice.	Holmes, Dave; Federman, Cary	2003	Canada	Grounded Theory	24	To describe the practice of nursing in an extreme environment where social control and psychiatric nursing care are inextricably enmeshed with one another.
An exploration of othering in forensic psychiatric and correctional nursing.	Peternelj-Taylor, Cindy	2004	Canada	Perspective	N/A	To argue that othering is a contemporary ethical issue that requires ongoing dialogue within the forensic and correctional nursing communities.
Discrimination based on criminal record and access to healthcare	Frank, J.; Wang, E.; Nunez-Smith, M.; Comfort, M.	2012	United States	Correlational Study	85	To examine the association between reported discrimination attributed to having a criminal record and access to health care.
Prisoner's Story Inspired Me To Explore My Prejudiced Attitudes	Lucy, D.	2012	United Kingdom	Perspective	N/A	To share an experience of when a nursing student explored their prejudiced attitudes towards an incarcerated man with alcohol addiction.
Nurses, formerly incarcerated adults, and Gadamer: phronesis and the Socratic dialectic	Marlow, E.; Nosek, M.; Lee, Y.; Young, E.; Bautista, A.; Hansen, F.T.	2015	United States	Phenomenological investigation	30	To describe the first phase of an ongoing education and research project to explore *phronesis* and the Socratic dialectic in the setting of graduate-level nursing education, particularly regarding the care of formerly incarcerated adults and underserved and marginalized population.
The benefits of prisoner participation in interdisciplinary learning	Raikes, Ben; Balen, Rachel	2016	United Kingdom	Phenomenological investigation	90 students 9 imprisoned mothers	To describe the impact of a workshop that gives social work, police, and nursing students' insight into the reality of being a mother in prison.

Perceived discrimination by healthcare providers among individuals with a history of incarceration	Redmond, N.; Aminawung, J.; Morse, D.; Shavit, S.; Wang, E.A.	2017	United States	Correlational Study	751	To examine the prevalence of perceived discrimination by health care providers due to criminal history and its association with self-reported general health status.
On incarceration and health - Reframing the discussion	Vanjani, R.	2017	United States	Perspective	N/A	To examine the ways in which incarceration itself is harmful to health.
Seeing is believing: The effect of prison-based insight-days on student nurses' perceptions of undertaking practice placements within a prison healthcare environment	Hunt, E.L.; Booth, N.; Hunt, L.A.	2020	United Kingdom	Phenomenological investigation	17	To examine whether attending a prison insight-day, within a prison environment, had an impact on student nurses' perceptions of under-taking a full practice placement within a prison healthcare environment."

Table 2- *Studies Addressing Key Concepts of Included Studies (Attitudes, Othering, and Humanization)*

First Author, Year	**Attitudes**	**Othering**	**Humanization**
Carroll, 1995	✓		
Holmes, 2003	✓	✓	
Peternelj-Taylor, 2003	✓	✓	✓
Frank, 2012	✓	✓	
Lucy, 2012	✓	✓	✓
Marlow, 2015	✓		✓
Raikes, 2016	✓	✓	✓
Redmond, 2017	✓	✓	
Vanjani, 2017	✓	✓	✓
Hunt, 2020	✓		✓

Figures

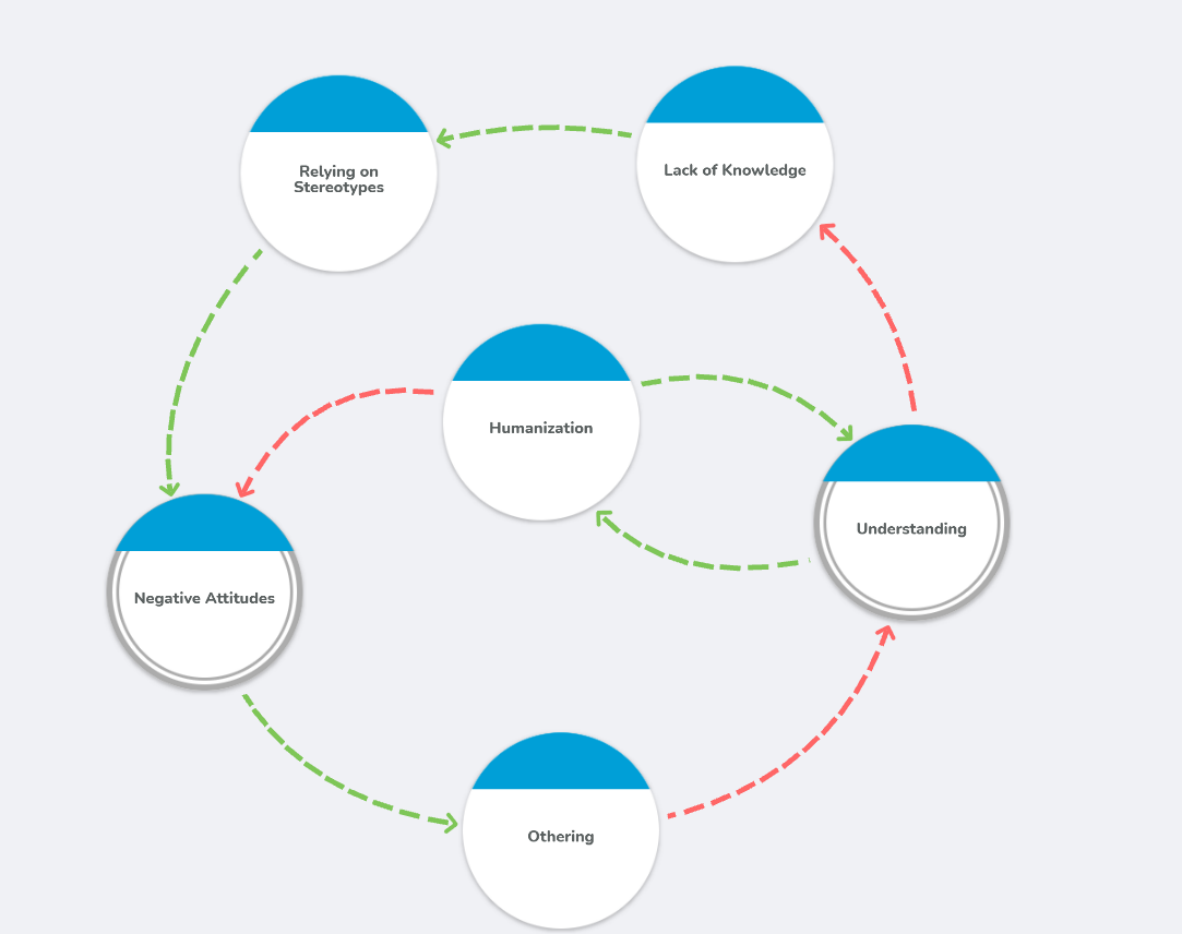

Figure 1. Synthesis of data was done using Causality. Green arrows indicate that one bubble 'leads to' another, while red arrows indicate that one bubble 'prevents' what it is pointing towards.

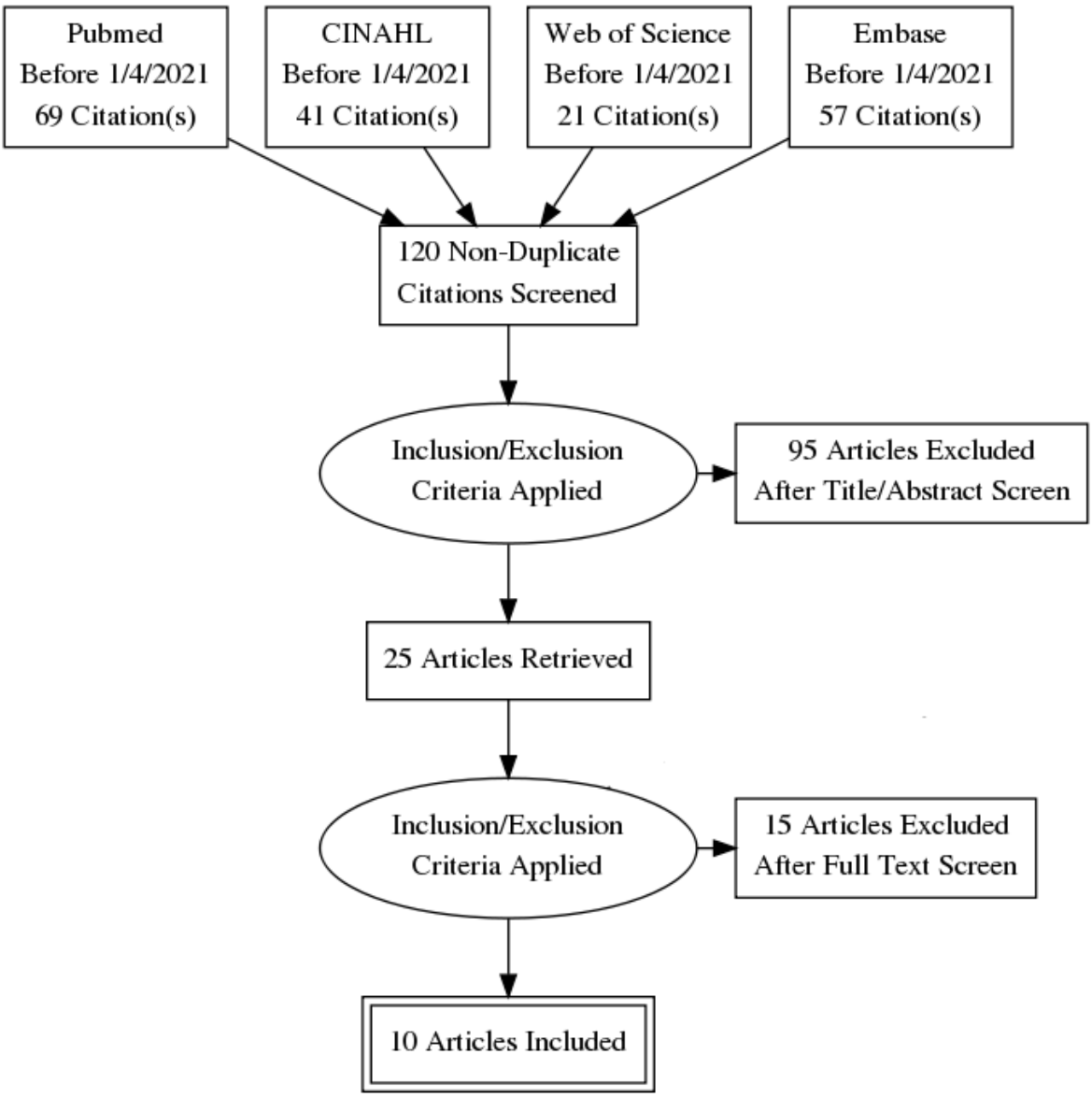

Figure 2. Scoping review (PRISMA-ScR) flow chart.